The autism increase

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I am bitterly disappointed with the medical establishment's dismal record with regard to autism over the past 60 years. The medical schools, as well as the governmental agencies, have consistently supported outmoded, unproven, and even disproven theories, and have actively opposed the most promising approaches for the treatment of autism. They supported the psychoanalytically-based theories which held the mother responsible for causing autism through her supposedly hostile attitude toward the child. They opposed the use of behavior modification, the most uniformly beneficial treatment for autism, by claiming that it neglected the deep-seated emotional blocks that were at the root of autism. They have ignored, and continue to ignore, the long series of studies conducted both in the U.S. and Europe showing that the elimination of foods containing gluten and casein from the diet brings about marked improvement in many autistic children. They have consistently ignored the series of 18 consecutive studies, conducted by researchers in six countries, which showed that almost half of all autistic children and adults respond favorably to high doses of vitamin B6 and magnesium, with no adverse effects. Eleven of these studies were double-blind placebo crossover experiments. There is no drug that comes close to B6/magnesium in terms of safety, efficacy, and positive research findings. Now they deny the autism epidemic, and the role of vaccines.

The most interesting questions are not being asked. Why does the majority of the population survive such epidemics as autism, the bubonic plague, Legionnaire's disease, polio, and AIDS, while relatively few succumb? The answer is that the survivors have a healthy, effective immune system. Would enhancing the immune system decrease the likelihood of adverse reactions to vaccines (including the anthrax vaccine—DOD please note)? Very probably.

It is well known that the immune system must be adequately supplied with many nutrients if it is to function properly, including especially vitamins A, C, E, B6, and a number of minerals, including zinc, magnesium, and selenium. Nutritional levels of these substances are not only harmless, they are essential to good health. Since people do not change their diets readily, I believe that foods should be fortified with these nutrients—especially foods that will be consumed by infants and children. Research along these lines—as well as the safety of the vaccines—is desperately needed.

As a parent and a researcher, I believe there should be a marked redirection of effort and funding, along the lines suggested above.

Promising therapies revealed at DAN! Conference

Defeat Autism Now! (DAN!), a major program of the Autism Research Institute, has as its major goal the development of promising, innovative biomedical treatments. Attendees at the fifth annual DAN! Conference in late 1999 were presented with two new approaches that generated a great deal of interest and enthusiasm.

Vitamin A, CLO, and Bethanechol

Mary A. Megson, M.D., a Virginia pediatrician, reported bringing about marked improvement in many of her autistic patients through the administration of that traditional and in recent times largely ignored standby of preventive medicine, cod liver oil (CLO).

Megson's investigation of the value of CLO was triggered by Victoria Beck's landmark discovery of the role of the hormone secretin in the treatment of autism. Thinking through the implications for the digestion and assimilation of the various nutrients, especially vitamins, Megson speculated that the absorption of fat-soluble vitamins would be severely impaired in children whose gastrointestinal function was weakened, as Victoria's son Parker's had been. She searched for the symptoms of vitamin A deficiency in the children and their families and was surprised to find how consistent the evidence was. Night-blindness in the mother was common, and the children had abnormal electroretinograms and used peripheral (side) vision rather than central vision. These and other clues steered her toward the conviction that she was on a promising path.

She began giving the children cod liver oil, which contains pre-formed vitamin A (vitamin A from vegetable sources is less well absorbed by the damaged intestinal tract), and began seeing remarkable improvement quickly, most notably in eye contact.

At about this time, I received a call from the frantic mother of a 14-week-old child in Kentucky. Her infant had begun avoiding eye contact, and showed other signs of autism. I urged the mother to have the child's pediatrician phone Dr. Megson. The outcome was fast and gratifying: by the second day of CLO treatment, the baby was again smiling, laughing, turning to sounds, and tracking objects.

At her DAN! talk, Dr. Megson received loud and spontaneous applause when she said: "The children can't see clearly with their central vision—the fovea, where the cones are seriously deficienct in vitamin A. They can see better, but not well, with their peripheral vision, depending on the rods of the retina. It doesn't help to keep insisting, 'Look at me! Look at me!' when they can't see you because their central vision is not working."

For these autistic children who are helped by the CLO, the improvement covers the whole range of autistic symptoms, not just vision. Dr. Megson recommends using only high-grade, well-known brands of CLO, and using only the dosages recommended on the label.

After the children have been on CLO for two months, Dr. Megson recommends that they be given a small dose of the prescription drug Bethanechol, a digestive aid, which often brings about even greater improvement, sometimes within minutes. The starting dose of Bethanechol ranges from 2.5 mg for those under 5 years old to 10 mg for ages 10 and over.

Dr. Megson has started a double-blind clinical trial of her treatment with 70 autistic children. For more information about Dr. Megson's work, see www.autism.com/ari or send a self-addressed, stamped envelope labeled "Megson" to ARI.

Peptidase Digestive Enzyme

Jon Pangborn, Ph.D., chemist, father of an autistic adult son, and coauthor of the DAN! clnical options manual, discussed his work of the past five years leading to the development of a new peptide digestive enzyme supplement. The ARRI has published a dozen articles during the last decade, presenting the work of many researchers in the U.S. and Europe on the benefits to autistic children of removing all traces of gluten and gliaden (from wheat and other cereals) and casein (from milk) from their diets. (Our most recent article was in ARRI 13/2, which covered three 1999 studies.)

Even though it was very clear that gluten and casein-free diets were helpful, they were very hard to implement, since even tiny amounts of gluten or casein are harmful to sensitive individuals. The digestive enzymes on the market helped digest proteins, but had little effect on the peptides, which posed the real problem. Dr. Pangborn spent four years tracking down enzyme laboratories which might be able to produce the needed product. These efforts were initially funded by the Autism Research Institute, and later Klaire Laboratories contributed to the quest.

Dr. Pangborn proudly informed the appreciative audience that his efforts had resulted in the availability of a new peptidase enzyme, now being sold by Klaire Laboratories as "SerenAid." The enzyme is not a substitute for a gluten/casein-free diet, but rather a means of protecting the child from the effects of small amounts of gluten and/or casein which may be ingested inadvertently by children on gluten- and/or casein-free diets. From one to three capsules of the enzyme are given to the child, or mixed with food,at the beginning of a meal.

Dr. Pangborn reported the results of the early trials of the product, which are very encouraging. Additional trials have been undertaken by Klaire Laboratories, in collaboration with our institute, and the results continue to be quite promising. For additional information on SerenAid, call 1-800-859-8358.

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